MD:02.CR.096

FILED

9 2013 APR

CLERK, U.S. DISTRICT COURT WESTERN DISTRICT OF TEXA DEPUTY

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature A. Signature Address: B. Received by (Primed Name) C. Date of Delive 15 2013
Article Addressed to:	D. Is delivery address different from item 1?
Jaime Ortega-Urquidi #53815-080 FCI Elkton PO Box 10	

Lisbon, OH 44432

154 Certified Mail
☐ Registered ☐ Express Mail ☐ Insured Mail

Return Receipt for Merchandise C.O.D. 4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Transfer from service label) PS Form 3811, February 2004 7011 3500 0001 7376 2478

Domestic Return Receipt

3. Service Type

102595-02-M-1540